

## **Behavior Support Services**

**Definition:** Behavior Support Services are those services which use current empirically validated practices to identify causes of, intervene to prevent, and appropriately react to problematic behavior. These services include initial assessment for determining the need for and appropriateness of behavior support services; behavioral assessment (i.e. functional assessment and/or analysis) that includes direct observation, interview of key persons, collection of objective data; analysis of behavioral/functional assessment data to determine the function of the behaviors (and later to assess success of intervention and any needed modifications) and behavioral intervention based on the functional assessment that is primarily focused on prevention of the problem behavior(s) based on their function. Behavior Support Services are not to be confused with Psychological Services. The following is guidance to distinguish between the two services.

<b><u>Psychological Services</u></b>	<b><u>Behavior Support Services</u></b>
Initial assessment for determining need for and appropriateness of psychological services	Initial assessment for determining need for and appropriateness of behavior support services
Goal-oriented counseling on issues which affect his/her ability to live as independently and productively as feasible	Behavioral assessment (i.e., functional assessment and/or functional analysis of problem behavior) that includes direct observation, interview of key persons, collection of objective data
Goal-oriented counseling/therapy on issues related to seriously inappropriate sexual behavior (e.g., those behaviors which could lead to criminal sexual misconduct)	Analysis of behavioral/functional assessment data to determine the function of the behavior(s) (and later to assess success of intervention and any needed modifications)
	Behavioral intervention based on the functional assessment that is primarily focused on prevention of the problem behavior(s) based on their function

The qualifications for providers of these two services are different. Most providers are not qualified/approved to provide both services, so check carefully to see what service(s) a particular provider is approved to provide.

Psychological Counseling Services and Behavior Support Services are quite different. The initial assessment that is included in both services is an appropriate first step if it is believed that such a service may be needed. It is possible for an individual to receive both services, if needed, without there being a duplication of services.

If an individual/family member or guardian is wondering what to look for in a behavioral consultant and/or how they are different from a psychologist, the attached information (**Attachment C-1**) may be helpful. This **Attachment** was developed and approved by the three major national organizations related

to mental retardation, psychology, and behavior analysis: The American Association on Intellectual and Developmental Disabilities, The American Psychological Association (Mental Retardation/Development Disabilities Division) and the Association for Behavior Analysis. *This flyer is not a DDSN document.*

The key points of the Attachment are:

- Almost anyone can legally call him/herself a "behavioral consultant". The title does not communicate whether the person has the required skills, training or experience to provide appropriate consultation.
- The majority of psychologists are not qualified to provide behavioral consultation for persons with mental retardation and related disabilities.
- A license to practice psychology (e.g., in South Carolina) does not say anything about the person's qualifications as a behavioral consultant.

See **Attachment C-1** for more details and guidance for individuals and/or family members/legal guardians trying to choose a Behavioral Consultant.

**Providers:** Behavior Support Services are provided by individual's enrolled with SC Department of Health and Human Services as a provider of Behavior Support Services.

**Arranging for the Service:** If it is felt that the individual may need Behavior Support Services, then behavior support services should be authorized in the form of a behavior support evaluation/assessment (unless they have had one within the last year and a recommendation was made for Behavior Support Services). The individual or his/her family or guardian should be provided with a listing of available Behavior Support Service providers. A provider authorized to provide Behavior Support Services **must be chosen**. The offering of the choice of providers must be clearly documented. You should contact the chosen provider and inquire about the standard length for an evaluation/assessment (one unit equals 30 minutes of service). This information should be entered on to the Waiver Tracking System (Behavior Support Evaluation S85). Once approved, the assessment can be authorized using the **Authorization for Services (Community Supports Form BS-26 or BS-27)**. The **Community Supports Form BS-26** must be used for any individual who also receives Day Activity, Employment Services, Support Center, Community Services, or Career Preparation. The **Community Supports Form BS-27** should be used for all other individuals and directs the provider to bill Medicaid (SCDHHS) for services rendered. A prior authorization number will be used for these individuals. Upon receiving a copy of the assessment/evaluation, if the individual has been assessed and behavior support service is recommended, the specific need should be documented in the plan.

Again the needed services would be added to the Waiver Tracking System (Behavior Supports S80) along with justification for the service. Again, one unit equals 30 minutes of service. Once the service is approved, **Authorization for Services (Community Supports Form BS-26 or BS-27)** can be completed by the same process used for Behavior Support evaluations/assessments as stated above.

**Monitoring the Services:** You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the individual's/family's satisfaction with the service. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units

authorized, change of provider, change to a more appropriate service, etc. The following criteria should be followed when monitoring Behavior Support Evaluations and Services:

#### Behavior Support Evaluation

- Within two weeks of completion

Some items to consider during monitorship include:

What are the recommendations from the evaluation?

- If therapy is recommended, how much and how often?
- If only a behavior support plan is needed, how much time will be needed for implementation and training?

#### Behavior Support Services

- At least monthly for the first two months
- At least quarterly thereafter
- Conversation with individual or family/caregiver at least every six months
- Start over with each new provider

Monitorship of this service may occur with the individual/family, service provider, physician, hospital staff, and/or other health care provider. Monitorship may also occur during review of evaluation reports or progress notes completed by the provider. Some items to consider during monitorship include:

- If the individual has recently had an evaluation, the recommendations from the evaluation must be reviewed to ensure that it addresses the initial concerns that justified the need for the evaluation.
- Are they making significant progress towards the goals and objectives outlined in the evaluation? If not, have the individual's goals and objectives been modified to reflect the need for current services?
- Are the goals and objectives of therapy consistent with the individual's overall life goals?
- Is the individual satisfied with his/her provider of services?
- Do behavior support services need to continue at the same level?

**Reduction, Suspension, or Termination of Services:** If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the individual or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal/reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See **Chapter 8** for specific details and procedures regarding written notification and the appeals process.

**AUTHORIZATION FOR SERVICES**  
**TO BE BILLED TO SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN**  
**SERVICES**

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**Individual's Name** / **Date of Birth**

**Medicaid #**     /    /    /    /    /    /    /    /    /    /    /

**Prior Authorization #** CS           /          /          /          /          /          

**\*\*NO MORE THAN 8 HOURS/16 UNITS PER DAY MAY BE AUTHORIZED\*\***

COMMUNITY SUPPORTS Form BS-27

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
COMMUNITY SUPPORTS WAIVER**

**AUTHORIZATION FOR SERVICES  
TO BE BILLED TO DSN BOARD**

**TO:** \_\_\_\_\_

\_\_\_\_\_

**RE:** \_\_\_\_\_

**Individual's Name**

/

**Date of Birth**

**Address**

**Medicaid #**     /   /   /   /   /   /   /   /   /   /   /   /

*You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).*

**Prior Authorization #**

C S

\_\_\_\_\_ /   /   /   /   /

**BEHAVIOR SUPPORT SERVICES:**

Assessment: Number of Units \_\_\_\_\_ (one unit = 30 minutes)

Number of Units (one unit = 30 minutes) \_\_\_\_\_

Frequency: \_\_\_\_\_

Start Date: \_\_\_\_\_

**\*\*NO MORE THAN 8 HOURS/16 UNITS PER DAY MAY BE AUTHORIZED\*\***

Service coordinator/early interventionist:     Name / Address / Phone # (Please Print):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Authorizing Services

\_\_\_\_\_  
Date